

Fill in this information to identify the case and this filing

Debtor Name **GRAND DAKOTA PARTNERS, LLC**

United States Bankruptcy Court for the: _____ District of **North Dakota**
(State)

Case number (if known): **17-30535**

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule E/F, G, Sum*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **10/19/2017**
MM / DD / YYYY

X

Signature of individual signing on behalf of debtor

STEPHEN D. BARKER

Printed name

President, Cibix Management, Inc., the Managing Member of Grand
Position or relationship to debtor **Dakota Partners, LLC**

Fill in this information to identify the case:

Debtor GRAND DAKOTA PARTNERS, LLC
United States Bankruptcy Court for the: _____ District of NORTH DAKOTA
(State)
Case number 17-30535
(If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101-7346	As of the petition filing date, the claim is: \$ UNKNOWN <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ UNKNOWN
	Date or dates debt was incurred CONTINUING	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8(A))		
2.2	Priority creditor's name and mailing address NORTH DAKOTA TAX COMMISSION PO BOX 5623 BISMARCK, ND 58506-5623	As of the petition filing date, the claim is: \$ UNKNOWN <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ UNKNOWN
	Date or dates debt was incurred CONTINUING	Basis for the claim: SALES TAX	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8(C))		
2.3	Priority creditor's name and mailing address STARK COUNTY AUDITOR PO BOX 130 DICKINSON, ND 58602-0130	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred CONTINUING	Basis for the claim: PROPERTY (AD VALOREM) TAX	
	Last 4 digits of account number 0-200	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8(B))		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address ALEXANDER RICKS 4601 PARK ROAD, SUITE 580 CHARLOTTE, NC 28209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,105.00
		Basis for the claim: Services provided	
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address AMERIPRIDE SERVICES 1238 FRONTIER DR BISMARCK, ND 58504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 537.50
		Basis for the claim: Services provided	
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address BORDER STATES ELECTRIC SUPPLY 100 29th ST W DICKINSON, ND 58601-2612	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 30.95
		Basis for the claim: Goods sold	
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address BRAUN DISTRIBUTING PO BOX 1506 DICKINSON, ND 58602-1506	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 418.16
		Basis for the claim: Goods sold	
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5	Nonpriority creditor's name and mailing address CATELLUS GROUP 217 East Tremont Avenue Charlotte, NC 28203	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,586.64
		Basis for the claim: Management Services	
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address COCA-COLA BOTTLING 4150 3rd Avenue W Dickinson, ND 58601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 502.85
		Basis for the claim: Goods sold	
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address CONSOLIDATED COMMUNICATIONS PO BOX 1408 DICKINSON, ND 58602-1408	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 2,725.95
		Basis for the claim: SERVICES PROVIDED	
	Date or dates debt was incurred Last 4 digits of account number VARIOUS 4000	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address DACOTAH PAPER COMPANY PO BOX 2727 DICKINSON, ND 58108-2727	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,967.86
		Basis for the claim: Goods sold	
	Date or dates debt was incurred Last 4 digits of account number VARIOUS 2354	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address DAKOTA DUST TEX 3804 SARATOGA AVENUE BISMARCK, ND 58503	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 414.07
		Basis for the claim: SERVICES PROVIDED	
	Date or dates debt was incurred Last 4 digits of account number 9250	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address DEAN FOODS NORTH CENTRAL PO BOX 1450-8318 MINNEAPOLIS, MN 55485-8318	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 144.25
		Basis for the claim: GOODS SOLD	
	Date or dates debt was incurred Last 4 digits of account number VARIOUS 3648	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address DENNY'S ELECTRIC 1661 I-94 BUSINESS LOOP E DICKINSON, ND 58601-1406	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 302.64
		Basis for the claim: SERVICES PROVIDED	
	Date or dates debt was incurred Last 4 digits of account number -----	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	Nonpriority creditor's name and mailing address THE DICKINSON PRESS 1815 W 1st St Dickinson, ND 58601	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 4.50
		Basis for the claim: SERVICES PROVIDED	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.13	Nonpriority creditor's name and mailing address DICKINSON AREA CHAMBER OF COMMERCE 314 3rd Ave W DICKINSON, ND 58601	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0
		Basis for the claim: Services provided	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.14	Nonpriority creditor's name and mailing address ECOLAB PO BOX 70343 CHICAGO, IL 60673	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 335.14
		Basis for the claim: SERVICES PROVIDED	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.15	Nonpriority creditor's name and mailing address FIRST NATIONAL BANK PO Box 2814 OMAHA, NE 68103	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,629.92
		Basis for the claim: UNSECURED CREDIT	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.16	Nonpriority creditor's name and mailing address FOUR SEASONS TROPHIES 2589 3rd Ave W DICKINSON, ND 58601	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 14.65
		Basis for the claim: Goods sold	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

Part 2: Additional Page

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Amount of claim

3. <input type="checkbox"/>	Nonpriority creditor's name and mailing address JDANSKINNER COM INC.	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 13.25
	5801 SUMAC LANE NE ROCHESTER, MN 55906	Basis for the claim: SERVICES PROVIDED	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. <input type="checkbox"/>	Nonpriority creditor's name and mailing address KINSETH HOSPITALITY COMPANY, INC.	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 44,965.50
	2 QUAIL CREEK CIRCLE NORTH LIBERTY, IA 52317	Basis for the claim: Services provided	
	Date or dates debt was incurred VARIOUS	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. <input type="checkbox"/>	Nonpriority creditor's name and mailing address LOGO MAGIC INC.	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 839.76
	2068 3rd Avenue W DICKINSON, ND 58601	Basis for the claim: GOODS SOLD	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. <input type="checkbox"/>	Nonpriority creditor's name and mailing address MARCO TECHNOLOGIES	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 540.23
	PO BOX 790448 St Louis, MO 63179	Basis for the claim: GOODS SOLD	
	Date or dates debt was incurred VARIOUS	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. <input type="checkbox"/>	Nonpriority creditor's name and mailing address MONTANA DAKOTA UTILITIES CO.	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 15,982.62
	PO BOX 5600 BISMARCK, ND 58506-5600	Basis for the claim: UTILITY SERVICES	
	Date or dates debt was incurred CONTINUOUS	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number 0006 _____		

Part 2: Additional Page

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Amount of claim

3.22	Nonpriority creditor's name and mailing address NESTLE SOLON P.O. Box 841933 Dallas, TX 75284-1933	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 159.24
		Basis for the claim: <u>GOODS SOLD</u>	
	Date or dates debt was incurred Last 4 digits of account number 8694	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address NEWMAN OUTDOOR ADVERTISING 1606 6th AVE SW JAMESTOWN, ND 58402	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,016.00
		Basis for the claim: <u>Services provided</u>	
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address NOVA FIRE PROTECTION, INC. 304 41st ST SW FARGO, ND 58103	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 355.00
		Basis for the claim: <u>SERVICES PROVIDED</u>	
	Date or dates debt was incurred Last 4 digits of account number 7778	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.25	Nonpriority creditor's name and mailing address PLUNKETT'S PEST CONTROL 40 52nd QAY NE FRIDLEY, MN 55421	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 149.86
		Basis for the claim: <u>SERVICES PROVIDED</u>	
	Date or dates debt was incurred Last 4 digits of account number 7410	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26	Nonpriority creditor's name and mailing address RAMADA WORLDWIDE INC. 15018 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 31,458.15
		Basis for the claim: <u>FRANCHISE FEES</u>	
	Date or dates debt was incurred Last 4 digits of account number 4-RAM	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3.27	Nonpriority creditor's name and mailing address RECREATION SUPPLY COMPANY P.O. Box 2757 BISMARCK, ND 58502	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 105.54
		Basis for the claim: <u>GOODS SOLD</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number 8023		
3.28	Nonpriority creditor's name and mailing address ROTARY CLUB OF DICKINSON 532 15th ST W DICKINSON, ND 58601	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: <u>Services provided</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.29	Nonpriority creditor's name and mailing address SOUTHWESTERN DISTRICT HEALTH 227 16th ST W DICKINSON, ND 58601	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 40.00
		Basis for the claim: <u>SERVICES PROVIDED</u>	
	Date or dates debt was incurred JULY 12, 2017	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number 7778		
3.30	Nonpriority creditor's name and mailing address STAPLES ADVANTAGE PO BOX 83689 CHICAGO, IL 60696-3689	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 375.89
		Basis for the claim: <u>GOODS SOLD</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.31	Nonpriority creditor's name and mailing address SYSCO NORTH DAKOTA 3225 12th AVE N FARGO, ND 58102	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 12,117.89
		Basis for the claim: <u>GOODS SOLD</u>	
	Date or dates debt was incurred VARIOUS	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number 9574		

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.32	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ 22,259.63
	SYSCO GUEST SUPPLY	P.O. Box 910 MONMOUTH JUNCTION, NJ 08852-0910		
3.33	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ 5,447.80
	TEMP RIGHT SERVICE INC.	4664 2nd St SW DICKINSON, ND 58601		
3.34	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ 127.09
	THYSSENKRUPP ELEVATOR CORP.	2801 NETWORK BLVD., STE 700 FRISCO, TX 75034		
3.35	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ 429.00
	TWIN CITY ROOFING LLC	PO BOX 545 DICKINSON, ND 58602		
3.36	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ 95.79
	UNITED PARCEL SERVICE	LOCK BOX 577 CAROL STREAM, OL 60132		
	Date or dates debt was incurred	VARIOUS	Basis for the claim: GOODS SOLD	
	Last 4 digits of account number	9263	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred	VARIOUS	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number	-----	Basis for the claim: SERVICES PROVIDED	
	Date or dates debt was incurred	VARIOUS	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number	-----	Basis for the claim: SERVICES PROVIDED	
	Date or dates debt was incurred	-----	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number	-----	Basis for the claim: SERVICES PROVIDED	
	Date or dates debt was incurred	VARIOUS	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number	W458	Basis for the claim: SERVICES PROVIDED	
	Date or dates debt was incurred	-----	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.37	Nonpriority creditor's name and mailing address CLARKSTON HOTEL GROUP, LLC 217 EAST TREMONT AVE. CHARLOTTE, NC 28203	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 250,000.00
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: LOANS MADE	
	VARIOUS	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	DANIEL ELIADES and MATTEO PERCONTINO 1037 RAYMOND BLVD., SIXTEENTH FLOOR NEWARK, NJ 07102	Line 3.26 <input type="checkbox"/> Not listed. Explain _____	4-ram _____
4.2.	DARRYL S. LADDIN 171 17th STREET NW, STE ATLANTA, GA 30363	Line 3.31 <input type="checkbox"/> Not listed. Explain _____	9574 _____
4.3.		Line _____ <input type="checkbox"/> Not listed. Explain _____	-----
4.4.		Line _____ <input type="checkbox"/> Not listed. Explain _____	-----
4.5.		Line _____ <input type="checkbox"/> Not listed. Explain _____	-----
4.6.		Line _____ <input type="checkbox"/> Not listed. Explain _____	-----
4.7.		Line _____ <input type="checkbox"/> Not listed. Explain _____	-----
4.8.		Line _____ <input type="checkbox"/> Not listed. Explain _____	-----
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain _____	-----
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain _____	-----
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	-----

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

Total of claim amounts

\$ 0

5b. Total claims from Part 2

5b. + \$ 416,962.35

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c.

\$ 416,962.35

Fill in this information to identify the case:

Debtor name Grand Dakota Partners, LLC

United States Bankruptcy Court for the: _____ District of _____
(State)

Case number (If known): _____

Check if this is an
amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>10,588,000</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>515,381</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>11,103,381</u>

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>9,396,876</u>
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3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>0</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	<u>+</u> \$ <u>416,962.35</u>

4. **Total liabilities**.....

Lines 2 + 3a + 3b	\$ <u>9,813,838.35</u>
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